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Medical Examinations By Last Name

Civil War

10-9-1861

Remick, William B.

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *William B. Remick*, age *21*, occupation
Farmer, born in *Otis*.

1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? *None*
2. Have you any disease of throat, or difficulty of utterance? *None*
3. Have you any disease of Lungs or Heart? *These organs are sound*
4. Have you any disease of Stomach, Liver, Bowels, or Urinary Organs? *Sound*
5. Have you any Bone, Joint, or Muscle incapacitated by any cause, from performing its natural office? *Perfect health in these organs*
6. Have you been vaccinated within seven years? *Not within the specified time*

REMARKS.

DATE: *Ellsworth Oct. 9, 1861*

RENDEZVOUS: *Ellsworth*

James Gray Examining Surgeon.
P. M. Perry, Recruiting Officer